

APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

If You Need Additional Space, Continue Under "Remarks" Listing Item Number

Announcement Number:		Position Title:	
1. Name (<i>Last, First, Middle Initial</i>) Mr Miss. Mrs. Ms.		1 a. Gender F <input type="checkbox"/> M <input type="checkbox"/>	2. Phone Number
		3. Social Security Number	
4. Present Address (<i>Street, City, State, Zip</i>)		5. Place of Birth	
		City/State	
		Foreign Country	
6. Other Names Previously Used for Employment Purposes		7. Date of Birth	

GENERAL

8. Are you a U.S. Citizen? YES ☐ NO ☐ — If not, give the Country of your citizenship _____

9. a. Were you ever a federal civilian employee? YES ☐ NO ☐ — For highest civilian grade give: _____ / _____
grade step

b. Are you receiving a federal annuity payment? YES ☐ NO ☐

c. Are you receiving federal severance pay? YES ☐ NO ☐ Former agency contact/tel: _____

10. Do you have any relatives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you.
YES ☐ NO ☐

11. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES ☐ NO ☐ If yes, explain under Remarks at the end of this form.

12. Have you ever been convicted? YES ☐ NO ☐ (You may omit: (1) offenses committed before your 18th birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less) If yes, explain under Remarks at the end of this form.

EDUCATION

13. a. Do you have a high school diploma or G.E.D. equivalent? YES ☐ NO ☐ If yes, Date of Completion _____

b. Name and location of colleges or universities attended (including law schools)	Dates Attended	Number of		Degree	Date Received	Grade Point Average and/or scholastic standing
		Quarter	Semester			
Chief Undergraduate Subjects	Credit Hours Quarter Semester	Chief Graduate Subjects			Credit Hours Quarter Semester	

c. Special skills, accomplishments, awards, honors, fraternities, sororities & societies (*Specify*) YES ☐ NO ☐

d. What was your scholastic standing in college/law school (*Specify*)? UPPER ½ ☐ UPPER a ☐ UPPER ¼ ☐

e. Were you a member of an editorial board of law review or a moot court participant? YES ☐ NO ☐

f. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data.

MILITARY SERVICE

14. a. Have you ever served on active duty with the military? YES ☐ NO ☐ If yes, attach DD 214 member-4 copy, Notice of Separation.

b. Are you retired from military service? YES ☐ NO ☐

APPLICANTS FOR LEGAL POSITIONS

15. a. Are you admitted to the Bar? YES ☐ NO ☐ If yes, list the Bar(s) to which admitted and date(s) of admission:

Is your Bar membership ACTIVE ☐ INACTIVE ☐

b. Did you attend a Bar review course? YES ☐ NO ☐ List type of course: _____

Dates Attending: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

WORK EXPERIENCE

Include experience while in military service.
(Start with your present position and work back 10 years. Use additional page if necessary.)

A Dates of Employment (<i>month, day, year</i>) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step (<i>If in federal Service</i>)		Place of Employment City _____ State _____	
Name and Address of Employer (<i>firm, organization, etc.</i>)				Name and Title of Immediate Supervisor	
Business Telephone: (<i>Area Code and Phone Number</i>)				Number of Employees Supervised	
Reason for Leaving					
Description of Work					

B Dates of Employment (<i>month, day, year</i>) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step (<i>If in federal Service</i>)		Place of Employment City _____ State _____	
Name and Address of Employer (<i>firm, organization, etc.</i>)				Name and Title of Immediate Supervisor	
Business Telephone: (<i>Area Code and Phone Number</i>)				Number of Employees Supervised	
Reason for Leaving					
Description of Work					

REMARKS: (<i>Use this space for continuation of answers. List the number of items being continued.</i>)

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

WORK EXPERIENCE CONTINUATION SHEET - AO 78

C

Dates of Employment (<i>month, day, year</i>) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step (<i>If in federal Service</i>)		Place of Employment City _____ State _____	
Name and Address of Employer (<i>firm, organization, etc.</i>)				Name and Title of Immediate Supervisor	
Business Telephone: (<i>Area Code and Phone Number</i>)				Number of Employees Supervised	
Reason for Leaving					
Description of Work					

D

Dates of Employment (<i>month, day, year</i>) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step (<i>If in federal Service</i>)		Place of Employment City _____ State _____	
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